

MDR Tracking Number: M5-04-0207-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 16, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for special reports, subsequent office visits, aquatic therapy, exercises, unusual travel, batteries, pad for heat, durable medical equipment (DME), and manual traction. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved, were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of special reports, subsequent office visits, aquatic therapy, exercises, unusual travel, batteries, pad for heat, durable medical equipment (DME), and manual traction.

This Findings and Decision is hereby issued this 11th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 06-30-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/gr

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter
Note: Decision**

November 24, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0207-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to his right arm and right chest on ___ when he fell about ten feet off of a scaffolding. Lumbar and cervical MRIs revealed a disc bulges at C6-7, L2-3, and L4-5. He also had fractures of several right-side ribs.

Requested Service(s)

Special reports, subsequent office visits, aquatic therapy, exercises, unusual travel, batteries, pad for heat, miscellaneous durable medical equipment (DME), and manual traction from 01/24/03 through 06/30/03

Decision

It is determined that the special reports, subsequent office visits, aquatic therapy, exercises, unusual travel, batteries, pad for heat, durable medical equipment (DME), and manual traction from 01/24/03 through 06/30/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A CT scan of the chest revealed moderate pleural effusion and parenchymal lung disease as a result of pulmonary contusions and/or atelectasis. Due to the significance of these findings, all therapy was discontinued. The patient was seen in the ER and medication was changed. He was also seen by a pulmonologist and referred to a cardiothoracic surgeon who recommended intercostals rib blocks. On 01/10/03 a repeat CT of the chest revealed healing fractures of the 6th, 7th, 8th, and 9th ribs. There was no evidence of residual of recurrent pleural or parenchymal lung disease at that time. Since there were no contraindications, the patient was placed into an active rehabilitation program via aquatic therapy. This was started on 02/04/03. Prior to this, no active care had been provided. He had become de-conditioned as a result of his multiple injuries.

Over the course of treatment, appropriate diagnostic testing and referrals were made. The tests confirmed this patient's injuries. Each date of service has sufficient documentation to warrant the treatment rendered. There was an attempt to progress from aquatic therapy to land-based therapeutic exercises but the patient had an undesirable reaction to these necessitating a return to aquatic therapy. This is a complicated case and does not fit the typical national treatment guidelines. Due to the nature and extent of his injuries confirmed by diagnostic testing and referrals to specialists, extended treatment beyond the usual treatment guidelines were medically indicated. Therefore, it is determined that the special reports, subsequent office visits, aquatic therapy, exercises, unusual travel, batteries, pad for heat, durable medical equipment (DME), and manual traction from 01/24/03 through 06/30/03 were medically necessary.

Sincerely,